

Gas-Parish Summary Return (G1-S)

Louisiana Department of Revenue P. O. Box 201 Baton Rouge, LA 70821-0201 (225) 219-7656 (225) 219-2114 (TDD)

| Account ID (10 digit BMF #) | ••••• |
|---|-------|
| Name Address 1 Address 2 | |
| Address 3 Reporting Company ID (5 digit Severance #) | |

If amended return,

mark circle.

If final return,

mark circle.

O If your address has changed, mark circle.

| FOR | OF | FICE | USI | E ON | ILY. | Fi | eld | flag | |
|-----|----|------|-----|------|------|----|-----|------|--|
| | | | | | | | | | |

Taxable period

| | Summary | Tax Rate Code | Tax rate per MCF | Total Taxable MCF | Tax Amount Due | | |
|---|---|---------------------|---------------------|-------------------|----------------|--|--|
| 1 | Full rate – capable gas | 1 | \$ 0.331 | | \$ | | |
| 2 | Incapable rate – oil well gas | 2 | \$ 0.03 | | \$ | | |
| 3 | Incapable rate – gas well gas | 3 | \$ 0.013 | | \$ | | |
| | Produced Water Injection Incentive – Approved Projects Only | | | | | | |
| 4 | Produced water – Full rate | 1P | \$ 0.265 | | \$ | | |
| 5 | Produced water – incapable rate-oil well gas | 2P | \$ 0.024 | | \$ | | |
| 6 | Produced water – incapable rate-gas well gas | 3P | \$ 0.0104 | | \$ | | |
| | | | | | | | |
| 7 | Penalty and Interest | 6 | | | \$ | | |
| 8 | GRAND TOTAL | | | | \$ | | |

If your name has changed, mark circle.

| Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge. | | | | | |
|--|--------------------|--------------|---|-------------|--|
| Date (mm/dd/yyyy) | Signature | 9 | Signature of preparer other than taxpayer | Preparer ID | |
| x | | | | | |
| This return is due on or before the 25th due date falls on a weekend or holiday, for additional filing requirements for tax | Telephone Number | | | | |
| Complete only if change in business status has occurred. Please print or type. | | | | | |
| Date business discontinued | Date business sold | Name of purc | chaser | | |



| A | 10 | 110 | 411.4.14 | | 111 |
|---------|------|------|----------|-------|-----|
| Account | 11) | (10) | alalt | BIVIE | #1 |

| Parish Code | Parish Name | Tax Rate Code | Net Taxable MCF | Total Amount Due |
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